

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18131

State File No. _____

FILED JUN 10 1943

Registration District No. 186

Primary Registration District No. 2001

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Gasper
(b) City or town Gasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 611 Sergeant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since 1914 from birth years, months or days

3. (a) PRINT FULL NAME

Don A. Marvin

3. (b) If veteran,

name war World War #1

3. (c) Social Security

No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Lois Marvin

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb 16 1897

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

46

3

9

hr. _____ min.

9. Birthplace

Webb City
(City, town, or county)

mo
(State or foreign country)

10. Usual occupation

Auto Parts Dealer

11. Industry or business

William L. Marvin

12. Name

William L. Marvin

13. Birthplace

Kansas
(City, town, or county)

Kansas
(State or foreign country)

14. Maiden name

Helen Reuther

15. Birthplace

Kansas
(City, town, or county)

Kansas
(State or foreign country)

16. (a) Informant

Royce Marvin

(b) Address

611 Sergeant Ave.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5-27-43

(Month) (Day) (Year)

(c) Place: burial or cremation

Park Cem. Carthage

18. (a) Signature of funeral director

Thornhill Wilson

(b) Address

428 Duane St. Jasper

19. (a) 5-27-43

(Date received local registrar)

(b) Gertrude Dushoff
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gasper
(c) City or town Gasper
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. 611 Sergeant Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 3 minute a M.

21. I hereby certify that I attended the deceased from May 25 1943 to May 25 1943
that I last saw him alive on May 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary

Due to Deception

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____

(Specify type of place)

23. Signature Dr. E. J. Piper

(M. D. or other)

Address 706 7/8 St.

Date signed May 27 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42-5492

JUN 17 1943

SEP 13 1943
AUG 23 1943

103.5

JUN 22 1943

MAY 10 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Don Petrick
Licensed Embalmer No. 4008
P.O. Address Goplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.